




Louisiana Department of Health and Hospitals BAYOU HEALTH Informational Bulletin 12-3 February 8, 2012

Issue: Member ID Cards

Amerigroup

	Effective Date:
	Date of Birth:
	Subscriber #:

Amerigroup Louisiana, 3850 N. Causeway Blvd., Metairie, LA 70002
www.myamerigroup.com/LA

Member Name:
Medicaid or LaCHIP Number:
Primary Care Provider (PCP):
PCP Telephone #:
PCP After Hours #:
PCP Address:
Vision Care: 1-800-787-3157 (under age 21)

Member Services and Behavioral Health: 1-800-600-4441
Amerigroup On Call/Nurse HelpLine: 1-866-864-2544

MEMBERS: Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your Amerigroup PCP for nonemergency care. If you have questions, call Member Services at 1-800-600-4441. If you are deaf or hard of hearing, call 1-800-855-2880.

MIEMBROS: Lleve consigo siempre esta tarjeta de identificación. Muéstrela antes de recibir atención médica. Usted no necesita mostrar esta tarjeta antes de recibir atención de emergencia. Si tiene una emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Llame siempre a su PCP de Amerigroup para la atención que no es de emergencia. Si tiene alguna pregunta, llame a Servicios para Miembros al 1-800-600-4441. Llame al 1-800-855-2884 si es una persona sorda o tiene problemas de la audición.


HOSPITALS: Preadmission certification is required for all nonemergency admissions, including outpatient surgery. For emergency admissions, notify Amerigroup within 24 hours after treatment at 1-800-454-3730.

PROVIDERS: Certain services must be preauthorized. Care that is not preauthorized may not be covered. For preauthorization/billing information, call 1-800-454-3730.

SUBMIT MEDICAL CLAIMS TO:
AMERIGROUP • P.O. BOX 61010 • VIRGINIA BEACH, VA 23466-1010
USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.
Louisiana Medicaid Fraud and Abuse Hotline: 1-800-422-2917


LA01 02/12

Community Health Solutions

	Community Health Solutions	
	of Louisiana	

Member Name:	John Doe	
Member State ID:	12345	
Member DOB:	00/00/0000	Effective: 00/00/0000

Physician:	William Doe, M.D.
	000-000-0000
	(000-000-0000 after hours)


 DEPARTMENT OF HEALTH AND HOSPITALS
 Louisiana

Submit Claims to:

Community Health Solutions of Louisiana
P.O. Box 23199
St. Petersburg, FL 33742

Payor ID: CLA11

1-855-247-5248 24-hour Member Services or to file a grievance

1-855-773-2884 Prior Authorization

1-800-488-2917 To Report Medicaid Fraud

In Case of Emergency:


If life threatening **Call 911**

If non-life threatening call **24 hour nurse line at 1-855-247-5248**


LaCare

 <p><i>A Program of AmeriHealth Mercy of Louisiana</i></p>		<p>Member Services & Filing Grievances: 1-866-756-0004</p> <p>Provider Services & Prior Authorization: 1-866-922-0007</p> <p>Report Medicaid Fraud: 1-800-488-2917</p>													
<p>DOE, JOHN</p> <p>ID YXM 12345678</p> <p>SEX M DOB 01/01/01</p> <p>EFFECTIVE 01/01/01</p> <p>STATE ID 1234567891</p>		<p>PRIMARY DOCTOR</p> <p>DR. JOHN SMITH (ABC FAMILY PRACTICE)</p> <p>123 MAIN STREET ANYTOWN, LOUISIANA 12345</p> <p>PHONE 318-555-1234</p> <p>LAB XYZ LABS</p> <p>PLAN CODE 355/855</p>													
		<p>• Always carry your LaCare card. You'll need it to get your benefits. Go to your LaCare Primary Care Physician (PCP) for medical care.</p> <p>• Emergency Room: Go to an Emergency Room near you when you believe your medical condition may be an emergency. If you get emergency care, please notify your PCP.</p> <p>• Out-of-Area Care: Report out-of-area care to LaCare and your PCP within 48 hours.</p> <p>• Mental Health, Drug & Alcohol Services: Call the toll free number for your parish. If you don't know the number, call Member Services at 1-866-756-0004.</p>													
		<table border="1"> <tr> <td>In-area Providers:</td> <td>To verify member eligibility and coverage</td> <td>1-800-XXX-XXXX</td> </tr> <tr> <td></td> <td>For pre-certification</td> <td>1-800-XXX-XXXX</td> </tr> <tr> <td>Out-of-area Providers:</td> <td>To verify member eligibility and coverage</td> <td>1-800-XXX-XXXX</td> </tr> <tr> <td></td> <td>For pre-certification</td> <td>1-800-XXX-XXXX</td> </tr> </table>		In-area Providers:	To verify member eligibility and coverage	1-800-XXX-XXXX		For pre-certification	1-800-XXX-XXXX	Out-of-area Providers:	To verify member eligibility and coverage	1-800-XXX-XXXX		For pre-certification	1-800-XXX-XXXX
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<p>LaCare 10000 Perkins Rowe, Block G, 4th Floor, Baton Rouge, LA 70810</p>															

Louisiana Healthcare Connections

		<p align="center">IMPORTANT TELEPHONE NUMBERS</p>	
<p>Name: Jane Doe</p> <p>Medicaid ID #: XXXXXXXXXX DOB: XX/XX/XXXX</p> <p>PCP Name: John Doe</p> <p>PCP Address: XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX</p> <p>PCP Phone #: XXX-XXX-XXXX After Hours #: XXX-XXX-XXXX</p> <p>If you have an emergency, call 911 or go to the nearest emergency room (ER). You do not have to contact Louisiana Healthcare Connections for an okay before you get emergency services. If you are not sure whether you need to go to the ER, call your PCP or Louisiana Healthcare Connections NurseWise® toll-free at 1-866-595-8133 (TDD/TTY 1-877-285-4514) NurseWise is open 24 hours a day.</p>		<p>Members:</p> <p>Member Services: 1-866-595-8133 TDD/TTY: 1-877-285-4514</p> <p>24/7 NurseWise: 1-866-595-8133</p> <p>Vision: 1-866-595-8133</p> <p>File a Grievance: 1-866-595-8133</p> <p>Report Medicaid Fraud: 1-800-488-2917</p> <p>Providers:</p> <p>Provider Services: 1-866-595-8133</p> <p>IVR Eligibility inquiry - Prior Auth: 1-866-595-8133</p> <p>Medical claims: Louisiana Healthcare Connections Attn: CLAIMS PO Box 4040 Farmington, MO 63640-3826</p> <p>Provider/claims information via the web: www.LouisianaHealthConnect.com</p>	
		<p>Louisiana Healthcare Connections Address: 8550 United Plaza Blvd. Baton Rouge, LA 70809</p>	

United Healthcare



UnitedHealthcare[®] | Community Plan

Health Plan (80840) 999-99999-99

Member ID: 999999999

Group: 99999

Member:

Payer ID: 99999

SUBSCRIBER BROWN

PCP Name:

DR. PROVIDER BROWN

PCP Phone

(999)999-9999

PCP address Main St.

DOB:

PCP City, ST 99999


99/99/9999

0709

Administered by UnitedHealthcare Community Plan, LLC

In an emergency go to nearest emergency room or call 911.

Printed: 08/10/11



This card does not guarantee coverage. By using this card you agree to the release of medical information as stated in your Member handbook. To find a provider visit the website www.UHCCcommunityPlan.com.

For Members:


NurseLine:

Report Fraud:

866-675-1607

800-542-8630

800-488-2917



For Providers:

Medical Claims:

www.uhcccommunityplan.com

PO Box 9999, Kingston, NY, 99999-9999

866-675-1607

La Department of Health & Hospitals

Medicaid Managed Care Program

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